

Lecture

Dysentery

Dysentery.

Dysentery is a word from the Greek, signifying a disease of the intestines. This peculiar affection of the bowels has received different appellations - the prominent symptoms have given it a description under especial designations. Celsus calls this affection termina; on account of the general presence of this symptom. In Caelius Aurelianus you will find it described under Rheumatismus intestinorum cum ulcere - the literal translation of which is, Pain in the intestines with ulcers. Within the last century it has been described under the expression colinitis. The French call it Colitis. It is placed by Dr. Cullen in his class pyrexia, and order profluvia; and Good classes it under the very expressive term hamatica and order phlogotica. This is the bloody flux in popular language. Dysentery you will find has been arranged and defined under different stages, and these stages under different species; but for practical purposes it must be manifest that the division which is founded on the degree of the inflammation and the extent of the intestine affected must offer itself as decidedly preferable. But its consideration under that of acute and chronic appertains very conveniently towards its therapeutic management. The extent of bowel implicated in the disease constitutes a somewhat more important ground of distinction, for in warmer regions a larger proportion of intestine is affected with inflammation than in ~~the~~ temperate climates; and if we associate this circumstance with certain effects produced on the constitution

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by a high temperature, ~~invests~~ the disorder named by recent writers tropical dysentery, with a peculiar character meriting attention.

For practical purposes I shall first define dysentery, and then view it under that of simple or uncomplicated dysentery; and complicated or tropical dysentery.

Dysentery consists in its early stage of inflammation of the mucous membrane of the intestines, especially of the colon and rectum. It may and frequently does implicate the other coats of the bowel, producing ulcers, which often tend and are productive of extensive and incurable disorganization, presenting symptoms less acute than those of the early stage, but bearing considerable resemblance to them. Thus it must appear respecting the nature of the disease, that any distinction between cases of ~~the~~ uncomplicated dysentery should be founded either on the degree of inflammation, or the extent of intestine affected by it.

Dysentery, therefore, is a disease attended with frequent mucus, or muco-sanguinolent stools, pain in the abdomen, griping, and tenesmus, generally accompanied with pyrexia.

From this definition, I shall pass on to notice the uncomplicated dysentery. This variety is found to have many degrees of intensity, from the slight sporadic case, to the wide destructive epidemic which has proved the scourge to fleets and armies. A case of simple dysentery most generally commences with feculent and liquid stools, and they may become afterwards mucous with occasionally a slight admixture of blood; or they may be blood from the first. There is little, if any fixed pain in the abdomen; but considerable griping previously to the patient rising to go to the chair, with a working or commotion in the bowels, often pointing

you to the sigmoid flexure of the colon; there is generally some heat at the anus, but the sensation extending thence up the rectum is rather uneasiness than heat, and induces that distressing feeling called tenesmus or straining; the dejections generally about 7 or 8 a-day, and often they have acquired the mucous and muco-sanguinolent character, traces of feculent matter are occasionally observable in them.

Dysury is very seldom, indeed it may be said, never observed, though both of these morbid states are very general attendants of more acute cases; the appetite is generally impaired; the thirst is considerable; the tongue is sometimes furred, occasionally natural; the pulse is little at all quickened or affected with respect to its force. This slight form of the disease, generally continues 7 or 8 days, and is never fatal; but it is this form that so frequently lays the foundation of the chronic state of the disease; and often leaves the bowels so susceptible to morbid action, that it is produced on exposure to cold or very slight causes. In these cases of the simple form of the disease, it is probable that the inflammation is slight and only confined to the inferior portion of the colon and to the rectum.

A more intense form of dysentery than the one I have just described, may be frequent, especially when there is existing an epidemic constitution of the atmosphere. This is frequently preceded by diarrhoea, which I remarked to you when treating of diarrhoea, is a very general precursor to dysentery, in whatever climate it may happen. Dysentery in this form, however, may occur without diarrhoea. More frequently, a well marked rigor or shivering, followed by febrile heat introduced the disease; in other cases, pain in the bowels, followed

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by mucous stools are the first symptoms. In some cases mere slight derangement in digestion, exist for a few days before the disease becomes formed. When it is fully established, the characteristic mucous, or mucus-sanguinolent stools are voided frequently, with great pain and an extreme degree of straining, and a feeling as if the visera themselves were about to be discharged.

Frequently feculent stools may occasionally intervene between those described as dysenteric, and pure blood is sometimes discharged in considerable quantities, especially in an advanced stage of the disease. After the affection has existed some days, it is not unusual for the patient to pass suety, or tallow, or fleshy-looking substances. A sense of heat, or burning at the anus, extending thence up the rectum, and which becomes excessive when there is a call to free the bowels. When fever has occurred from the commencement of the disease, it generally continues throughout; and in cases in which it has ^{not} existed from the first, it uniformly arises when the intestinal disorder has become so fully formed as I have just described. There is a hot skin, a hard, generally frequent and small pulse; the tongue is either covered with a white mucous coat, or is dark and dry; there is great prostration of strength; scanty urine and dysuria ^{or passed frequently} with difficulty. The gripping and tenesmus is extremely harassing and distressing through the disease. There is not much nor permanent pain in the abdomen. When it occurs, it is mostly in the hypogastric region and increased by pressure. When pain is present, and accompanied by fulness and tension of abdomen, I have always observed in such cases, that it portended much difficulty. It indicates that the inflammation has ex-

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-tended to the serous coat of the intestine. Dyspnea I have frequently noticed to attend this form of the disease, showing that the peritoneal covering of the bowel was affected. Throughout the disease there is no desire for solid food, but the thirst is great and frequently intense: and sometimes this is a most distressing circumstance to the patient, for on every mouthful of drink, he immediately has an irresistible desire to go to stool, producing a distressing tormina.

Should you on meeting with this disease as I have just described, obtain no relief from your remedies, the prostration of strength will increase, the pulse become feeble and the extremities cold. The tongue, brown or furred, or red and apthous; the discharges from the bowels dark and offensive; the mind low and desponding; hiccough an occasional symptom, and death most generally takes place in a period varying from a fortnight to three weeks from the commencement of the attack. But most frequently, even in bad cases, some relief of the symptoms is obtained, and the disease degenerates into a chronic state.

Restoration to health is shown when there is a diminution of pain in the abdomen, in those cases where it was present, a diminution of tenesmus and the frequency of the discharges, and especially if they change from those characteristic of the disease to a more natural state and appearance. An abatement of the febrile heat, thirst and a return of appetite are favourable to recovery; but in treating this form of dysentery you must remember that all favourable symptoms are to a certain extent fallacious, for I have often witnessed that after a relief of few days, and congratulating myself upon a speedy recovery of the patient, that the chronic form, a slowly wasting and insidious disease had taken the place of the acute.

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I have thus described the disease as having occurred under 6
my own observations, in its simple and uncomplicated form: for
the description of tropical dysentery I shall take my history from
those who have written upon it.

Sir James M^r. Gregor and Ballingal, Dr. Johnson
and Dr. Joseph Brown and Mr. Annesley have all described
this form of ^{the} disease. I shall, as I have said, make up my
description from their graphic illustrations.

The tropical dysentery commences in general with
much of the appearance of common diarrhoea; frequent and un-
seasonable calls to stool, with an irresistible inclination to strain
over it. The evacuations are generally copious, of a fluid
consistence without any peculiar fetor; sometimes streaked with
blood, and at other times a small quantity of blood is voided
in a separate form, unmixed with fecal matter. The pulse,
in this stage of the disease is seldom altered; the heat of the
skin is not perceptibly increased, and the tongue is but frequently
little changed in its appearance. There is always a great pros-
tration of strength, and depression of spirits; the former symptom
being always strongly dwelt on by the patient; the appetite indiffe-
rent, and the thirst urgent. To these symptoms succeed a fixed
pain in the hypogastrium, more or less acute; the pain extending
to, and peculiarly urgent in, one or both iliac regions, and some-
times to be traced along the whole course of the colon; with a
sense of fulness, tension, and tenderness on pressure; and on
applying the hand to the surface of the abdomen, a preternatural
degree of heat is frequently perceptible in the integuments. The
evacuations now become more frequent and less copious; they consist
chiefly of blood and mucus, or are composed of a peculiar bloody

serum, which has been very aptly compared to the washings[?] in which beef has been macerated. A suppression of urine and distressing tenesmus now become urgent symptoms; the indifference to solid food increases, while there is an uncontrollable desire for liquids, particularly cold water, which the patient prefers to any drink that may be offered him, and from which he expresses his inability to refrain, though prepossessed with the idea of its being injurious.

The tongue is now generally white and furred; sometimes, however, it is florid, smooth, and glassy in its appearance, with a tremulous motion when thrust out; the skin is either parching hot, so as even to render it painful to keep the hand in contact with it, or it is covered with a profuse perspiration, inasmuch that it may be often observed standing in large drops upon the surface; the pulse is still frequently but little affected; sometimes, however, it assumes a febrile quickness, without any other remarkable feature; at other times it will be found without any increase of velocity, but full and bounding, with a peculiar thrilling sensation under the fingers. This state of the pulse, whenever it takes place, always denotes extreme danger, and shows that the disease is rapidly hurrying on to a final stage, in which the lassitude and dejection so conspicuous throughout its course, are now converted into the utmost degree of anxiety, depression and fear of death. The patient generally shows an inclination to dwell upon symptoms which appear to his attendant of minor importance. He evinces the greatest reluctance to part with his physician, though fully sensible how unavailing the efforts of medicine are likely to prove. The discharges by stool, which are frequently involuntary, are now accompanied

* The anatomical characters of tropical dysentery have been described by Billingsall, Farquhar, Bampfild & Mr. Annesley. Their dissections establish the disease to consist in inflammation of the colic mucous membrane, spreading in general, not always nor necessarily, with ulceration, but advancing to this process when not suitably or promptly met by treatment, and occasionally ending in death of portions of the mucous membranes. In the chronic form of the disease numerous ulcers were observed in the tract of the colon, and these were more frequently observed in the tropical variety of the disease than that observed in temperate climates.

(Craque)

by the most intolerable fetor; they are frequently mixed with 8
shreds of membrane, and quantities of purulent matter; a pro-
trusion of the gut, forming a complete procedentia ani, takes
place; and cases are not wanting where a portion of the inner
coat of the intestines, amounting to some inches, has been thrown
off in a state of mortification. From the description which
I have made from the writings of those who have witnessed this
dreadful disease, it is needless for me more than to add, that
death must be the result of such cases, unless it is properly treated
in the first and early stage.

Many extensive and fatal epidemics of Dysentery are
recorded, which were different in their characters; some exhibiting
highly inflammatory symptoms with involvements of the liver
and brain; while others put on a low typhoid character, termi-
nating in bronchial, ^{intestinal} involvements. * In our country there is
no disease more intractable and dangerous, than that form
of dysentery excited by malaria and complicated with our
bilious fevers, constituting what in popular language is called
Bilious Dysentery. In these cases, the pathological conditions
are inflammation of the colon and bowels, with hepatic derange-
ments, ^{and alterations in the healthy constitution of the blood} and without our attention is especially directed to these
complications, we cannot cure the disease. You will frequently
find Dysentery combined with fevers, and if the fever is a contagi-
ous one, the two may be communicated together. There are
other diseases too, with which it is occasionally combined - with
typhus; with intermittent fever, a very common combination in
the southern part of our Country. And when this disease super-
venes upon an advanced state of intermittent fever, it constitutes

a melancholy complication, and is very frequently accompanied or followed by general dropsy; the patient lingers with great suffering until released by death.

A complication of dysentery with hepatic affection is often ushered in by languor, loss of appetite, ~~depression of spirits~~ ^{depression of spirits} &c. Sometimes he complains of pain in the region of his liver, increased by pressure, and in some degree relieved by expulsion of flatus from the stomach; but this pain is very trifling, or at least much more slight than might be expected from the condition of the liver as discovered after death. The presence of this symptom denotes the true character of the disease; but in many cases it is entirely wanting, and hence the great obscurity. In many cases the most acute observer can discover no signs of bad health, but a white tongue, and a pulse more frequent than usual.

He remains in this state during a period varying from 4 to 8 ~~days~~, and the inexperienced physician may apprehend little danger; but in this respect he is deceived; for an insidious fever depresses the patient by almost imperceptible degrees, till the actual symptoms of dysentery, namely, tenesmus and very frequent bloody discharges, display themselves with great violence.

These symptoms are accompanied by ardent fever, delirium, oleaginous sweat, febrile anxiety, and urgent thirst, while the tongue is covered with a yellow ~~fur~~, which is converted towards the close of the disease into a permanent dark crust. A large quantity of green, bilious and sanguineous matter flows from the bowels, and finally convinces the medical attendant that the morbid condition of the liver and bile is the exciting cause of the disease. There is not much pain in the bowels in this stage of the affection; but the tenesmus is most distressing,

in the mind of the patient, and is very frequently accompanied
by a sense of general anxiety; the patient begins with great
suffering until relieved by death.
The condition of the patient with respect to action is
often marked in by languor, loss of appetite, and a general
feeling of exhaustion of power in the region of the lower extremities
of the body, and in some cases even by a feeling of faintness
from the stomach; but this pain is very trifling, and is
much more slight than might be expected from the condition of
the liver as indicated by the above.
The change in the character of the disease; but in many cases
it is entirely passing, and hence the great uncertainty of a
cure. The first stage of the disease is a feeling of great chilliness
but a white tongue, and a pulse not frequent though small.
The disease in this stage, during a short period, from the
first stage, and the patient is in a state of great weakness
and danger; but in this respect it is a disease, for an ordinary
fever is not so fatal by almost imperceptible degrees till
the fatal symptoms of exhaustion, namely, tremor, and a very
frequent short stage, which sometimes ends in death.
These symptoms are a very fainter stage of fever, delirium,
stupor, and death, which are not marked, but which
are in a very short time, and which is a common form of
the end of the disease into a permanent dark state. The
large quantity of green, thin and sanguineous matter from
from the bowels, and finally even the motion attendant
that the motion is thin of the liver and bile is the exciting
cause of the disease. There is not much pain in the bowels
in this stage of the affection; but the disease is not dangerous.

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and occasionally protrudes a portion of the rectum from the anus. Subcaltus tendinum, hiccough, and cold sweats take place; and unless relief is afforded before the disease reaches this stage, death speedily ensues.

The pathological conditions on dissection in fatal cases of dysentery are according to the period of death and the nature of the case. Where the disease has proved fatal in its early stage, inflammation and gangrene of the mucous membrane of the large intestines are discoverable. At a more advanced period, the other coats of the bowels are found to have been involved, and to contain numerous and extensive ulcers. These and the inflamed portions are frequently discovered coated with a puriform, sanguineous, or sanious secretion. False membranes are sometimes found deposited on the mucous coat; but the most frequent destruction of the intestinal tube is about the colon and rectum. In chronic cases the appearances on dissection are those which show that inflammation had existed - namely, thickening of the coats of the bowel and a contraction of the bowel and ulceration. These ulcerations are both diffuse and follicular - adhesions to the peritoneal membrane and other viscera are discoverable. Other viscera besides the bowels are found injured. The mesenteric glands are sometimes enlarged and inflamed. The liver is sometimes engorged with blood, but is not found affected as often as has been supposed.

I shall now pass on to the causes of dysentery. I may briefly enumerate them - alterations of temperature; the latter end of summer and autumn is the general time of its prevalence;

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The connexion of diarrhoea and dysentery with malarial causes in our Country has been satisfactorily proved by the statistical reports of the United States Army, and by the published records of many physicians. Dr Torry in his work on the Climate of the United States notices that ~~the rate~~ the average ~~rate~~ of diarrhoea & dysentery, like that of intermitting fever in the third quarter of the year is more than three fold higher than that of the first, and more than twice as high as that of the fourth quarter, and he remarks that, "compared with the ratios of intermitting and remitting fever, the laws developed in both exhibit a striking analogy. It would seem, then, to be established that, assuming an identity of cause in regard to the origin of these affections, that the same morbidic agents, operating in a less intense degree, produce in the second quarter, or summer season, the diseases of the digestive organs, and when more concentrated in their action, as in the third quarter, or Autumn season, intermittent fever." (copied)

but there is no season in the year in which it does not sometimes occur. Unwholesome food, abuse of spiritous liquors, bring on attacks of the disease; indulgence in fruit and all the causes which I have enumerated as productive of diarrhoea will occasion this disease. Malaria is a cause of this disease, and in my opinion it is its more frequent cause. (See opposite)

Having now considered the nature, pathology, morbid appearances on dissection, and the causes, I shall call your particular attention to the diagnosis. The only diseases with which dysentery may be confounded are cholera^{morbus}, hamorrhoidal flux, and diarrhoea.

Cholera^{morbus} occasionally ceases within 24 hours, and perhaps never continues beyond a week, while the mean duration of dysentery is mostly a fortnight and in many cases for months. Vomiting is an uniform attendant of Cholera, and is seldom observed in dysentery; purging also distinguishes the two diseases, the purging during the considerable part of time of dysentery is mucus tinged with blood; while its prevailing character in Cholera^{morbus} is bilious. Tenesmus prevails in dysentery, while in cholera it is absent. In cholera^{morbus} the alvine discharges are copious and passed with violence; the opposite is the case with dysentery: cholera has spasms in the extremities which are not present in dysentery.

The tumours around the anus; the blood flowing from the commencement of the disease unmixed with mucus; the comparative absence of tenesmus; the freedom from abdominal pain; and the solid nature of the feculent discharges in hamorrhoids; all these appearances are sufficient to distinguish it

from Dysentery.

The distinction between diarrhoea and dysentery, is easily drawn; but I must acknowledge that in some few cases it is attended with considerable difficulty. And this difficulty I believe to depend upon the fact that the pathological condition in dysentery and severe diarrhoea is in its nature the same. The freedom of pain and fever; the nature of the discharges &c. will distinguish diarrhoea from dysentery.

The prognosis should be guarded; for it not only often occasions great danger in its acute stage, but by long continuance, such a degree of injury is done to the large intestines, that the patient, though he may recover in part his health from the acute form, will yet incur the chronic state of the disease; and after suffering a few years under the evils of a shattered constitution, be at length carried off by the incessant pungent matter from the rectum.

In the treatment of dysentery I have always attended particularly to the causes which have given rise to the disease. Where discoverable they should be immediately removed. The next point of importance is the amount of pain and the nature or character of the evacuations; the degree of febrile disturbance &c.

A case of dysentery may be presented to your treatment in an individual of previous excellent health, strong and vigorous constitution; who suddenly, from impropriety in diet, or exposure to vicissitudes of weather, is attacked with the severe symptoms of pain in the colon, frequent defections of bloody mucous stools, tormina and a high degree of fever &c.

In this case you should not hesitate to abstract blood freely from the general system. Venesection should be immediately instituted; the patient kept during the operation in an erect posture, until a decided effect is made by either an increased perspiration, or feeling of syncope, when he should be placed in an horizontal position, and kept quiet until the effects of the venesection shall have passed away. There are many other cases of the disease which will come to treatment where general blood-letting should not be relied upon altogether. After having subdued the general force of the circulation, a sufficient reduction may be kept up by the application of leeches made either over the seat of pain on the abdomen or around the verge of the anus.

In some individuals of reduced habit, ⁱⁿ ~~and~~ the dysenteries of ^{your} summer season, cannot well bear the general loss of blood. Here a sufficient ^{reduction} ~~subduction~~ of the inflammatory condition of the bowel may be obtained by local bleeding with leeches or cups, repeated according to capacity and followed by hot fomentations to the abdomen and a general warm bath.

The second indication of treatment is that of emetics and purgatives. In some forms of dysentery of malarious origin in which the disease commences with rigors or chills, with nausea and vomiting, an Emetic of Ipecacuan powder general relieves these distressing symptoms and brings on a more favourable and complete reaction of the circulation - The old practitioners among whom I may

the use of
Mentim Ettmuller, Riverius and Severanus highly advocate
Emetics in the treatment of dysentery. Mead frequently
gave Antimony; and ~~with~~ some practitioners at the present
time, commence their treatment, by administering Tartar
Emetic in ~~either~~ a Solution of Epsom Salt or Rochelle
Salt, to free emesis and purgation, followed afterwards
by Calomel, ipecacuanha & Dover's powder.

After general or local bloodletting when necessary, it
is my practice to direct a full dose of Calomel - ten,
fifteen or twenty grains; followed in a few hours with
Castor oil, either singly or combined with laudanum.

In mild forms of dysentery this combination is
frequently sufficient; repeated when requisite. It removes
the offending irritation and relieves the morbidity
of the ^{mucous} membrane; which with after attention to the
horizontal position in bed, free diluents and the ~~proper~~ ^{diet}
of ~~farinacea~~ ^{inada} completes the cure.

In your elementary works, you will find some authorities
recommending as a purgative Calomel with jalap, followed
by the neutral salts as the first steps of treatment -
This was Dr Rush's practice and the one recommended
by his pupil the late Professor Potter of the University
of Maryland. After free purgation, they ordered Calomel
combined with solid Quin, or with Dover's powder;
and sometimes the ipecacuan with Dover's powder. In
general these combinations of medicine may be advantageously
applied to the changing pathological conditions of
this disease. of the class of diaphoretics The

the cerated glass of antimony was formerly very much employed in the treatment of dysentery. It is not at this time so frequently ^{prescribed} ~~employed~~ ^{where} ~~diaphoretics~~ are now selected, the ^{other} preparations of antimony ~~plaster~~ Emetic, James' Fever powder or pulvis antimonialis and Ipecacuan with Dore's ^{spontaneous} powder, are preferred.

The treatment of dysentery occurring during the ^{seasons} of our summer and autumn when associated with hepatic derangement and fever; known as bilious dysentery ~~has~~ been signally improved since physicians have become better acquainted with its true pathology.

Formerly, under the supposition that this ^{variety} ~~recognition~~ of dysentery depended upon an inflammation of the colon with suspension of the secretion of bile, calomel and purgatives were resorted to as the principal remedies; and in despite of the constitutional action ^{of the} ~~maintained~~ by the mineral, ~~the~~ patients would suddenly sink in collapse & death. At present these dangerous cases of dysentery complication, are more surely and ^{safely} ~~safely~~ treated. When viewed as a fever induced by the operation of ^{an} ~~some~~ external cause, the more frequent one malaria, in the alteration and derangement ~~of the~~ of the vital constituents of the blood, we have a knowledge of the principal source of danger, in that of ^{the} constant gradual ^{diseased alteration} ~~destruction~~ of ^{the} ~~this~~ important fluid ^{with} ~~and~~ necessarily progressive involvement of ^{the} ~~the~~ ^{organs} ~~which~~ lead so suddenly to the fatal termination, hitherto so usual in this variety of cases of dysentery. This pathological ^{state} is evidently the same

in nature as the season remittent bilious fevers of our country, prominently associated from the commencement, or during the course of the fever, with marked intestinal disorder of a dysenteric character; and should the bowel complication be treated separately, without the more important regard to the state of fever, and general destructive changes in the blood which are constantly progressive, the treatment will be inefficient and unsuccessful. ~~The~~ dysenteric complication is too apt to claim the entire attention of the physician; ~~and he~~ ~~consequently~~ he directs his means of treatment to the subduction of the inflammation of the bowel; he institutes general or local bloodletting; ~~and he~~ ~~prescribes~~ prescribes purgatives of Calomel; continues the use of Calomel & Opium or Opium, Morphia, acetate of lead, and the different preparations of mercury, with ~~the~~ the view to allay irritability and to obtain the ~~constitutive~~ ^{tonic} action of ~~the mineral~~ ^{the mineral}; supposing when this can be effected the safety of his patient is insured. He persists in this course of treatment from day to day; the irritability and frequency of the intestinal discharges may be less; or the character of the evacuations may have lost their peculiar dysenteric appearance; but are very frequent and exhausting; his patient continues to be more and more exhausted from visit to visit; the pulse increases in frequency and reduced in force; they are in fact, typhoid; the brain announces its involvement, but first by slight incoherence of apprehension; delirium; restlessness and fluctuation; the respiratory functions in their turn become associated in the general ruin from progressive functional impairment by the presence of deranged blood: the process of sanguification having been materially disturbed

calorification imperfect; the diseased blood stagnates in the capillary structure of the lungs; producing a stasis or retardation of circulation; a congestion of the vessels; ~~which~~ on which the respiration becomes, increasingly, ~~difficult~~ performed with great difficulty, the skin becomes cool, cold, moist & bedewed with a cold clammy perspiration; ~~and~~ finally the contents of the bowels are ^{discharged} ~~passed~~ incontinently and involuntarily and the patient passes into irrecoverable collapse and death. This is the course ^{and} termination of many cases of dysentery complicated with the season remittent fever, which have come to my observation, ~~and~~ since, however, I have become better acquainted with the true pathology of fever, and kept constantly before me, the influence of the cause, whatever it may be, to its primary operation ~~in the~~ production of morbid changes upon the blood, and thus in ~~the~~ its general perversion of function and disorganization of structure, I will repeat that since I have learnt these facts, I have been ^{more} successful in the treatment of this particular associated, or variety of dysentery. — The past summer I have treated a number of cases of dysentery with fever, and was more than usually successful — many of them were severe & highly dangerous in appearance; some few commenced with symptoms of Cholera morbus, which changed into severe colonic distress, tormina, and sanguinolent mucous discharges, with marked general fever. In the persons of sound constitution, who had previously enjoyed good health, general bloodletting was performed in some, in others advanced in years, of delicate habit, the severity of the local symptoms were met by the application of leeches. & Other cases, of a mild

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The rapidly exhausting nature of this disease, and the symptoms of prostration and debility which we witness in some cases contraindicate the use of the lancet; when we have to resort to general bloodletting it should be restricted to cases of unusually high action, and those in which other structures are complicated with it. We should not forget bloodletting exercises but little beneficial influence over inflamed mucous surfaces; and as the pathology of the disease is an inflammation of a peculiar kind - a muco-enteritis, this fact should ever be kept before the practitioner when he intends to take blood in dysentery" (Copeland)

character were treated without the loss of blood. ^(see opposite)
~~The external and internal treatments were~~ In all the cases the
internal treatment was commenced by the exhibition of one of
the preparations of mercury - a full dose of Calomel or blue
mass of mercury singly, or combined, with opium; in a few
days afterwards followed by Castor oil, these agents generally
succeeded to allay the intestinal irritation and to the correction of
function. The dose was seldom repeated. Immediately
after ~~a moderate~~ moderate and sufficient purgation, the sulphate of
quinine in doses of from three to ten grains, alone, or combined
with Calomel or the blue mass of mercury, was commenced,
and repeated every four or six hours: If the purging
were frequent and accompanied with tormina and pain, the
mercury was omitted, and the quinine combined with
tannin and sulphate of morphia, repeated every three,
four, six, or twelve hours - The modus operandi of the
quinine may be attributed to its tonic and sedative effects;
but more probably to its influence in preventing further alteration
of the blood, by its improving nutrition, and supplying the
circulating current with the destroyed principles ~~of the constitution~~
affected by the operation of the cause in the production of the disease.
Be this as it may, there was marked improvement in the general
condition of the patients, and in the local intestinal irritation &
excretions after a few doses of the quinine - The state of the
skin became more natural; the pulse reduced in frequency and
possessing improved force; the intestinal discharges less frequent,
and their condition greatly altered and improved; the
patient enjoyed periods of rest and awoke more refreshed
and relieved. During the exhibition of the quinine

During the exhibition of the Quinine it would be often necessary to relieve the bowels by administering laxatives, and for this purpose 3 doses of Castor oil, rhubarb & Soda, or emollient enemata were employed. Cathartics at this time should be administered with caution - If free fecal evacuations have taken place, no necessity or excuse can exist for the use of medicines of this class - Their administration would be attended with a renewal of the vomiting and prostration of the patient.

In the treatment of the common and usual forms of dysentery. Anodynes & astringents are necessary, and become indispensable for the relief of pain and to check inordinate secretion. For this purpose we may employ a combination of Sulph. Morphia, quarter of a grain; tannin two grains; pecacuanha powder ʒ gr with a proportion of white sugar; this may have to be repeated every two, four or six hours. Where there is a considerable blood in the evacuations some physicians advocate the acetate of lead with Morphia and pecacuanha; but I have in my own practice preferred the tannin to the lead, as being equally effectual without the danger of poison, apt to be induced, in some individuals, by the introduction into the system of the smallest quantity of lead -

For the distressing symptom of tormina and the painful affection of the bladder, with retention or suppression of urine, which attends violent cases of dysentery I have directed mucilaginous and anodyne enemata; as elm bark, or thin starch water two to four ounces containing ʒ gr to 1 gr Sulph Morphia; with or without tannin - I have found an enema of tannin, in liquid starch an excellent ~~remedy~~ ^{adjunct} in allaying tormina ^{& turpentine embrocations} ~~the~~ The persistent use of hot fomentations and sinapisms, on the abdomen should not be omitted while pain, tenderness and the suppression or retention of urine continue. The drinks and diet of

patient must be most unirritating and the blandest kind, and in small quantities at a time, increased with the greatest caution. During the Convalescence a flannel bandage should be worn around the abdomen, and the food to consist principally of arrow root, sago, milk & tapioca; cautiously advancing to chicken water, mutton broths &c.

Relapses, or repeated attacks after the patient has once had the disease, are apt to occur, if he remain exposed to the endemic or other exciting causes, as in hot climates, or if he has been previously intemperate in intoxicating liquors. ~~Relapses~~ ^{Relapses} are frequent when the disease has been associated with hepatic, or splenic complications or obstinate intermittents, and when recovery had not taken place until after it had assumed a chronic form. In such persons errors of diet, exposure to cold and noxious emanations will often reproduce it.

The chronic form of dysentery will occasionally resist every method of treatment. The Hydragryum cum Creta, small portions of Calomel with Opium and ipecacuanha; Opium in large doses alone, or with acetate of lead; starch injections with astringents, and a variety of other medicines as the vegetable astringents, Gum Kino, Cusparia, Quassia, logwood, nitric acid with Laudanum; the alcoholic extract of nux vomica and strychnia have all been prescribed occasionally for the cure of the sub acute and chronic forms of this ~~disease~~ ^{affection}. The disease however, is too frequently prolonged by over feeding, and improper nourishment especially in children, and sometimes in adults.

There is no disease perhaps, that is treated more empirically

in this country than the sub acute and chronic forms of dysentery; and is occasioned by the well known fact, that the lesions in the disease and its associated complications are so variable, and consequently requiring a varied & eclectic course of treatment. I have seen cases of ulcerated intestine constituting chronic dysentery ^{and} by the exclusive use of mucilage of Gum Arabic, and three to five grains of blue pill every night to slight phlogism. See Bard & Dr J. K. Mitchell in the American Journal of Medical Sciences and the Boston Medical Surgical Journal report cases of three years standing cured by the exclusive use of a mucilaginous diet of Slippery elm, blue pill occasionally, with depletion by a few leeches over the colon. Dr. Dugan in the ^{Eng} Boston Medical Journal publishes his experience in a case of three years standing in which the evacuations were from six to twelve in number and of a muco-purulent sanguinous character which he cured by an exclusive farinaceous diet of equal parts of boiled arrow root and milk, with a cold infusion of speacacantha root.

In chronic dysentery with purulent evacuations I have been pleased with the use of Balsam Copaivera; and with small gradually increased doses of Sulphate of Copper with Sulphate of Morphia. In every case where pus is contained in the intestinal evacuations, the rectum should be examined as was directed when speaking of the treatment of diarrhea, for in many of these patients, there will be found small ulcerations within the ~~bowels~~ and which will be ~~so~~ readily destroyed by the local application of the nitrate of silver. With the local treatment, the Sulphate of Copper internally has enabled me to effect the cure of many such cases.

the treatment than the local acute and chronic forms of
diphtheria, and is accompanied by the well known fact, that the
lesions in the throat are not so extensive as in the acute form
of the disease, and consequently requiring a more moderate course
of treatment. I have seen cases of diphtheria where the
chronic diphtheria by the extensive use of mercury of pure saline
and the use of pure glycerine of the full strength of the
Bland's No. 2. I noticed in the American Journal of Medicine
and the British Medical Journal, chronic diphtheria
of the throat, and in the treatment of the disease use of a moderate
dose of the glycerine, the full strength, with addition
of a few drops of the oil of lemon. The disease in the throat
is not limited to the throat, but is seen in a case of three years standing
in which the case was not seen for six to twelve months
and of a more permanent character which is not
so extensive as in the acute form, but of equal extent of the throat
and neck, with a slow extension of the disease.
The chronic diphtheria with permanent extension of the throat
is seen in the case of a patient, and with the
generally increased area of the throat of the throat
of the throat. In every case where the disease is
extensive and permanent, the action should be vigorous and
direct, with speaking of the treatment of the disease, for
in some of the patients, there will be found small lesions
within the throat, and which will be so readily destroyed
by the local application of the nitrate of silver. But
the local treatment, the discharge of the throat, and
should be to effect the cure of the disease.

Where the symptom of much fetor of the evacuations occur in the advanced Chronic forms of Dysentery, I have removed this disagreeable attendant by small repeated doses of Charcoal, rhubarb and lime water.

When the stools are frequently unattended with pain, the daily administration of the terebinthines, or the Peruvian or Canadian balsams; with frictions to the surface, and flannel bandages to the abdomen, with the hydragrum cum creta and Dover's powder at night are particularly serviceable - These remedies may be alternated, with the Catechu or Kino on mucilaginous vehicles..

In the treatment of chronic dysentery I must again say that the diet & regimen must be strictly regulated. The effects of the food & drinks upon the bowels must be carefully observed. During convalescence the clothing should be carefully attended to, particularly at night, as an error in this respect, may occasion a relapse and destroy the advantages of all previous treatment. Change of air, exercise on horseback, and travelling, with proper precautions against cold & other injurious contingencies, will prove beneficial. Warm or tepid salt water bathing, or the affusion of tepid salt water over the abdomen, will greatly tend to establish a permanent recovery.





